

Accident Investigation Data

Event Number: 4 1 4 9 0 9 3

U.S. Department of Labor

Mine Safety and Health Administration



A. Mine Information

1. Mine ID Number: 4 4 - 0 3 3 2 8		2. Mine Name: GREENBRIER DOCK		3. Operating Company Name: MOTIVATION COAL CO	
4. Mine Location: (Town, County, and State) Prater, BUCHANAN, VA 24638				b. Union Affiliation: 9999 None (No Union Affiliation)	
5. Mine Type: M Mill/Preparation Plant		6a. Material Mined/Processed: 122101 Bituminous (Surface)		b. Part 48 Exempt? Yes No	
8. Mining Data: a. Mining Method:		b. Extraction Method:		7. Name Of Seam: (Coal Only)	
c. Haulage Method(s):					
d. Are explosives used in the extraction of material?		Yes No			
9. Employment: At Time of Accident: a. Underground: b. Surface: 4		10. Production:(Coal only) 11. Hours of Operation: a.Hours per Shift: 8		c.Days per Week: 6	
Avg Mine Employment: a. Underground: b. Surface: 4		Avg Tons per Day:		b. Shifts per Day: 2	
12. Number of Active MMU's:(Coal Only)		13. Methane Liberation:		14. Average Mining Height:	
a. Development b. Retreat:		Cubic Feet in 24 hours		Feet: Inches:	
15. Management/Labor Officials:					
Title		Name		Address	
Vice-President		Clegg Hess		P.O. Box 7, Dante, VA 24237	
Manager of Safety		Lloyd Robinette		P.O. Box 7, Dante, VA 24237	
Safety Director		Mitchell Salyer		P.O. Box 7, Dante, VA 24237	
Manager of Quality Control		Darrell Slagle		P.O. Box 7, Dante, VA 24237	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 06/02/2000 b. Time: 11:05		17. Type of Investigation: Fatal X Non-Fatal Non-injury		18. Accident Classification: 1 2 Power Haulage		19.Number of Deg. 1-5 Injuries: 1	
20. Location of Accident/Injury/Ill. a. Surface Location:		0 1 Truck Travelway of Loading Dock		21.Number of Independent Contractor Companies Involved in Accident: 1			
b. Underground Location:							
22. Equipment Involved: a. Type: 440000 Load-haul-dump machine		b. Manufacturer: 0612 Ford Motor Co.		e. Controls: 0 On Board			
#1 c. Model No: 9000 Tandem Truck		d. Serial Number: 1FDZA90WGCVA40177					
a.Type:		b. Manufacturer:					
#2 c. Model No:		d. Serial Number:		e. Controls:			

23. Description of the Accident:

On Friday, June 2, 2000, the loading dock crew, under the supervision of Gary Wayne Taylor, Foreman, began work at 6:00 a.m. Larry Looney was assigned to operate the loading dock control room for the purpose of depositing coal into empty railroad cars. At approximately 6:45 a.m., the railroad locomotive remote control mechanism malfunctioned. Taylor reassigned Looney to manually operate the onboard controls of the railroad locomotive until repairs could be made. Taylor took over the operation of the loading dock control room. Work progressed normally until approximately 11:00 a.m. Taylor stopped the coal flow in order to carry a coal sample to an onsite laboratory for quality analysis. Taylor passed between the truck scales and a sample building en route to the laboratory located in the shop building. His path of travel took him across the travelway used by all trucks entering and exiting the truck dump hoppers. Near midpoint of the travelway, Taylor, with his back to a moving truck, stooped down to pull slack in a water hose being used to allay dust. For reasons unknown, Taylor positioned himself in the path of a loaded tandem coal truck which was moving backwards toward the coal hoppers. Taylor was struck and knocked down by the truck bed. The rear tandem wheels on the driver side of the vehicle contacted and rolled onto the upper portion of Taylor's body. Taylor suffered fatal crushing injuries to the head and thorax.

24. Conclusion:

For reasons unknown, the victim positioned himself behind and in the path of a loaded tandem coal truck which was moving backwards toward the coal hoppers. While pulling on a water hose, the victim was struck by the truck bed, knocked down, and overrun by the rear tandem wheels, sustaining fatal injuries to the head and thorax.

25. Enforcement Actions: Indicate P for procedure type violation, C for condition type, or T for training type.

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/>	7308399		
Citation	Order	X	Type/Action: 103(k) Summary of Violation: The order was issued to insure the safety of all persons at the mine until an investigation was completed and all areas and equipment were deemed safe.

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Citation	Order	Type/Action:	Summary of Violation:
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IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Citation	Order	Type/Action:	Summary of Violation:
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IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Citation	Order	Type/Action:	Summary of Violation:
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IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Citation	Order	Type/Action:	Summary of Violation:
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IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Citation	Order	Type/Action:	Summary of Violation:
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IC:

C. MSHA Information

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:			27. Did Technical Support participate in this investigation ?		28. Part 50 Document Control Number:(Form 7000-1):	
Industry: 2.75	This Mine: 0	Contractor: 0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>	
29. MSHA District Office: Norton			30. MSHA Field Office: Grundy, VA		31. Date Last Regular Inspection Completed: 05/25/2000	
32. Lead Accident Investigator: Name; AR No; Date :			33. Date On-site Investigation Started:		34. Formal Report:	
Name: Daniel S.Graybeal			AR No.: 20982 Date: 07/17/2000		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
			06/02/2000		35. Report Release Date: 07/26/2000	

Accident Investigation Data - Victim Information

U.S. Department of Labor Mine Safety and Health Administration



Event Number: 4 1 4 9 0 9 3

Victim Information: 1

1. Name of Injured/III Employee: <i>Gary W. Taylor</i>			2. Sex <i>M</i>	3. Victim's Age <i>48</i>	4. Last Four Digits of SSN: <i>5199</i>		5. Degree of Injury: <i>01 Fatal</i>				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 06/02/2000 b. Time: 11:05</i>						7. Date and Time Started: <i>a. Date: 06/02/2000 b. Time: 5:30</i>					
8. Regular Job Title: <i>049 Foreman</i>				9. Work Activity when Injured: <i>090 Walked behind moving coal truck</i>				10. Was this work activity part of regular job? <div>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div>			
11. Experience a. This Work Activity: <i>0 0 0</i>			b. Regular Job Title: <i>8 5 0</i>			c. This Mine: <i>10 8 0</i>			d. Total Mining: <i>16 36 0</i>		
12. What Directly Inflicted Injury or Illness? <i>087 Rear wheels of tandem truck</i>						13. Nature of Injury or Illness: <i>170 Crushing of head and thorax</i>					
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>											
15. Company of Employment:(If different from production operator) <i>Operator</i>										Independent Contractor ID: (if applicable)	
16. On-site Emergency Medical Treatment: Not Applicable: <input checked="" type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input type="checkbox"/>											
17. Part 50 Document Control Number: (form 7000-1)						18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>					

Victim Information:

1. Name of Injured/III Employee:			2. Sex	3. Victim's Age	4. Last Four Digits of SSN:		5. Degree of Injury:				
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:						7. Date and Time Started:					
8. Regular Job Title:				9. Work Activity when Injured:				10. Was this work activity part of regular job? <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>			
11. Experience: a. This Work Activity:			b. Regular Job Title:			c. This Mine:			d. Total Mining:		
12. What Directly Inflicted Injury or Illness?						13. Nature of Injury or Illness:					
14. Training Deficiencies: Hazard: <input type="checkbox"/> New/Newly-Employed Experienced Miner: <input type="checkbox"/> Annual: <input type="checkbox"/> Task: <input type="checkbox"/>											
15. Company of Employment: (If different from production operator)										Independent Contractor ID: (if applicable)	
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